




# Connecting Readiness Assessment in Pay for Success with Implementation Science





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To what extent do Pay for Success (PFS) organizational assessments integrate what is known from implementation science literature? Conversely, are there lessons from PFS organizational assessments that are not fully included within the implementation science research that can be investigated as important elements of readiness? We will address these questions in this brief, which is the second in a series of briefs about service provider readiness in PFS initiatives.

We start with an overview of PFS, followed by a description of implementation science views on readiness assessment. We then discuss the current state of readiness assessment in PFS, followed by suggestions about how implementation science can help to enhance readiness assessment in PFS and vice versa.

## Overview of Pay for Success

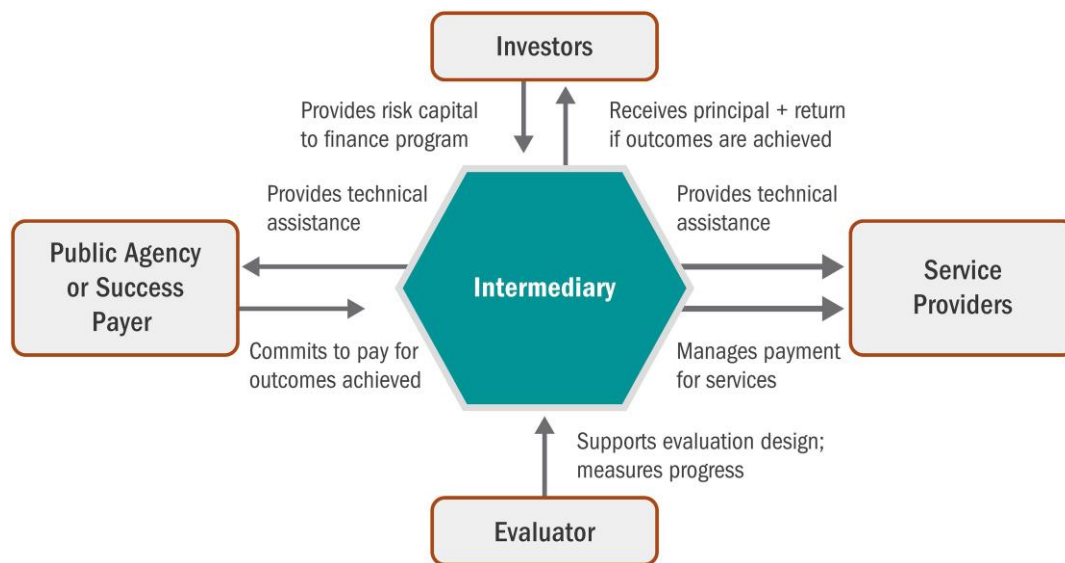
PFS is an innovative contracting model to address serious and costly social problems by promoting the implementation of evidence-based or promising service interventions and emphasizing outcomes-based accountability. This contracting model offers high-performing, human-serving organizations, including nonprofits and charitable organizations, access to private funding to cover the costs of implementing social programs.

In PFS, contractual agreements usually involve multiple stakeholders, including government entities, service providers, evaluators, and external funders. This stakeholder partnership is typically managed by an intermediary organization. PFS initiatives are most often found in areas where government agencies believe that economic benefits are likely, and where outcomes are observable and measurable within three to eight years. Outcomes that have been targeted in PFS initiatives include recidivism, homelessness, workforce development, maternal health, and early childhood education. For example, a PFS initiative in Massachusetts includes investments in evidence-based workforce development interventions to improve outcomes for older youth returning to the community from correctional facilities.

Exhibit 1 illustrates the roles of PFS stakeholders. Intermediary responsibilities include working with a government entity (or entities) to define targeted outcomes (e.g., reduce recidivism by 25%). An intermediary organization also may assist with selecting provider organizations, either by actively engaging in the provider selection process or providing an advisory framework for provider selection. Intermediaries also can provide training and technical assistance (TTA) to government entities and service providers, and serve as a fund manager for project costs, including potential success payments. Selected service providers implement specified interventions to reach performance targets. Typically, private sector or philanthropic organizations provide upfront investment funding supporting the intervention(s), and the government entity agrees to a return on the investment if negotiated performance targets are met. An independent

evaluator assesses the extent to which performance benchmarks are accomplished.

**Exhibit 1. Stakeholders in Pay for Success**



## Implementation Science Views on Readiness

Implementation science is the study of how to promote the systematic use of research findings and evidence by health and human service providers and policymakers. Implementation science can help us better understand organizational readiness. In the implementation science literature, to be ready

In this brief, we focus primarily on general capacity, which is foundational and tends to be more difficult to build than intervention-specific capacity and motivation and has been described in the literature as a precondition for the other readiness components.

means to be able (capable) and willing (motivated) to implement a specific intervention. Scaccia and colleagues<sup>1</sup> further distinguish *general* capacity (capacity needed for any intervention, such as leadership and access to resources) and *intervention-specific* capacity (e.g., competencies found in an intervention manual). The components of readiness (general capacity, specific capacity, and motivation) are multiplicative and not additive; for example, a low or nil score on one of the components will negatively affect overall readiness.

[Exhibit 2](#) summarizes general capacity components from the implementation science literature.

For example, even if organizations are competent in implementing a specific evidence-based intervention, an insufficient ability to work in collaboration with other organizations, participate in data-informed decision-making, or demonstrate cultural competence can limit organizational effectiveness. Also, implementation science literature emphasizes having a clear and identifiable leader or leadership team that directs the organization toward achieving its mission. Each general capacity component has, in turn, subcomponents. For example, as shown in [Exhibit 3](#), leadership

is assessed in terms of how proactive, strategic, and knowledgeable they are about current practices; how open they are to innovation; and the extent to which they reward or encourage staff.

## The State of PFS Organizational Readiness Assessment

We found five examples of explicit PFS Organizational Readiness Assessment tools.<sup>2-6</sup> Four of the tools include general readiness components identified in implementation science such as leadership and financial management. Although many of the tools included general capacity features, the tools were not comprehensive; that is, questions focused on subcomponent areas comprising a capacity found in the implementation science literature were not included in the PFS organizational readiness assessment tools. Examples of the latter are identified in the next section. These tools additionally addressed foci less commonly found in implementation science such as ability to rapidly scale operations and capacity to participate in a rigorous external evaluation. A fifth tool emphasized readiness to implement a specific evidence-based intervention, focusing instead on intervention specific capacities. Two tools combined organizational readiness with a review of environmental/contextual factors that may influence readiness and project success, such as the ability of the government end-payer to perform necessary functions, and the extent to which the local jurisdiction has sufficient capacities to launch a PFS initiative. In addition, four of the tools included questions focused on past organizational performance.

## Connecting Implementation Science and PFS Readiness Assessment

In this section we will describe some specific ways in which implementation science can be helpful in PFS to advance the practice and science of organizational readiness assessment. We close the section with ideas about the reverse (i.e., how PFS may inform implementation science).

### *From Implementation Science to PFS*

Because of the high stakes of involvement in PFS, the level of leadership involvement is often significant. [Exhibit 3](#) includes an example of how the leadership subcomponents *proactive*, *knowledgeable*, *supportive*, *perseverant*, and *inclusive* found in the implementation science literature can be applied to PFS.

Two additional examples are focused on partnerships and collaboration, and general staff capacities. Implementation science emphasizes structural inter-organizational linkages usually associated with a specific intervention or service (e.g., a system of referrals) and learning-oriented

collaborations with technical assistance providers and peers. These capacities are transferable to PFS arrangements where developing and implementing processes and memoranda of understanding between referral sources and among providers serving target participants are important to ensuring the coordination and effectiveness of the funded interventions.

Implementation science also provides a solid framework for measuring general staff capacities required within PFS initiatives. Relevant subcomponents in this area from the implementation science literature include *professional growth, confidence, influence/agency* and *adaptability* as areas of importance for staff capacities within the rapid-scale up environment of PFS.<sup>7</sup>

### *From PFS to Implementation Science*

Along with applying implementation science to PFS, we found through our literature review and stakeholder interviews examples of PFS readiness assessment tools and processes that include capacity areas that may contribute to advancing implementation science. For example, a core organizational capacity area identified within PFS is supporting and participating in a rigorous independent evaluation of funded interventions that trigger PFS success payments and help understand the why, how and cause/effect of program impact. The use of independent evaluation focusing on effectiveness is increasingly being integrated within implementation science – including through hybrid effectiveness-implementation study designs - but there typically isn't an explicit focus in implementation science on the capacity of organizations to participate in independent evaluations. Hence, PFS capacity requirements in support of independent evaluation can inform implementation science as the movement toward integrated designs continues to evolve.

Another capacity area where there is the potential for knowledge transfer is organizational partnership and collaboration. We found examples in the literature and in our interviews of special partnership and collaboration configurations that require capacity for “lead” agencies within PFS initiatives to develop and combine capacity among partners to work towards jointly developed outcomes that address complex challenges. As described in the callout box, these kinds of PFS initiatives have critical features of a collective impact initiative among provider organizations.<sup>8</sup> Pay for Success initiatives also include investor and business participants as key stakeholders and integrating their interests within the broader collaboration requires unique skills and expertise. Although broader than PFS, collective impact has been integrated into PFS and is strongly consistent with the latter's emphasis on results-based accountability.<sup>9</sup>

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PFS initiatives may have features of a collective impact model. Beyond a more traditional model of partnership and collaboration, collective impact is rooted in shared results-based accountability, involving a central infrastructure, a shared agenda with continuous communication, and measurement of common outcomes. As part of this role, lead organizations work to build the capacity of other organizations and leaders.

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A third aspect of PFS readiness assessment that can inform implementation science is the ability



of an organization to rapidly scale up operations for implementation. This includes the capacity to quickly assess and implement changes in the management of finances, data systems and other functional areas to accommodate needs of a PFS initiative. This also may involve scale-up of operations in a new locale or rapid scale up of an evidence-based intervention to be implemented by a different service provider or service provider mix in a new context. Implementation science focuses on scale-up,<sup>10</sup> although there has been less of a focus specifically on *rapid* scale-up. Implementation science could generalize this focus to other contexts and initiatives in which there is a need to rapidly scale-up an intervention while building the skills and expertise of new service provider staff. Lastly, PFS focuses more distinctly on communications and marketing, an emerging general capacity in the implementation science literature, which includes efforts to raise awareness about the social issues being addressed, to advocate for change, and to attract resources.<sup>11</sup>

## Conclusion

In this brief, we compared the current state of readiness assessment in PFS with implementation science. We found that PFS readiness assessments cover many of the general capacity components that are reported in the implementation science literature, but typically these are not assessed with depth to include subcomponents of general capacity. Several PFS readiness assessments include a focus on contextual factors, allowing for a review of facilitators and challenges that may influence organizational readiness. This is a promising direction to enable assessment of potential moderators of readiness that could inform training and technical assistance plans. Most PFS readiness assessments focus on past performance. The emphasis on past performance highlights the importance of using existing readiness assessment tools to identify service providers most likely to succeed in PFS contracting initiatives, perhaps to the detriment of using tools to identify capacities that could improve over time with new strategic investments.

Organizational change efforts range from targeted interventions to broader comprehensive community initiatives involving a mix of interventions implemented by a range of providers to address complex social problems. An ongoing unanswered question is the extent to which one set of tools and processes can capture organizational readiness for different kinds of change efforts. In cross-walking the constructs of organizational general capacity identified in the implementation science literature with initial PFS organizational readiness capacity assessment tools, we found some level of symmetry and opportunities for knowledge building. This points to the prospect of expanding shared processes and tools for service providers' organizational readiness assessments.

**Exhibit 2. Components of General Capacity**

<b>Component</b>	<b>Definition</b>
Leadership	Ability to direct others toward the achievement of a change vision. <sup>12</sup>
General staff capacities	Ability of staff to participate in evidence-based planning, implementation, evaluation, and cultural competence. <sup>13</sup>
Performance management	Ability to access and use a variety of measures to assess aspects of performance, inform decision-making, and support continuous quality improvement. <sup>14</sup>
Funding and financial infrastructure	Ability to access and use resources, including financial resources as well as office space, transportation, equipment, etc. <sup>15-16</sup>
Partnership and collaboration	Ability to connect with outside entities, including inter-agency networks and community constituents. <sup>17</sup>
Management/Operations Support	Ability to internally facilitate conditions for implementation, including through minimizing unnecessary paperwork, freeing up time for innovations, and incentivizing positive performance. <sup>18-19</sup>
Innovativeness	Ability to be data-informed in trying out new things, with an emphasis on organizational learning. <sup>20-21</sup>



**Exhibit 3. Applying General Capacity to PFS (Leadership Example)**

<b>Subconstructs<sup>22</sup></b>	<b>PFS Example</b>
<b>Proactive:</b> organizational leadership anticipates and addresses implementation challenges.	Ability of Board and Executive Leadership to forecast the future and stay ahead of trends regarding PFS and the relevant evidence-based practices (EBPs) to be implemented and are actively involved in sharing this knowledge on PFS governance and operational committees.
<b>Knowledgeable:</b> organizational leadership has a deep understanding of (a) EBPs with an outcomes focus and (b) implementation considerations.	Extent in which Board and Executive Leadership have diverse skills, experience and knowledge of PFS, of the target communities, of the program areas and EBPs to be implemented.
<b>Supportive:</b> leadership is supportive of providers' adoption and use of EBPs.	Extent in which Board and Executive leadership understand and are supportive of the risks, are actively involved in building organizational capacities and empower staff to make changes in order to succeed with PFS initiatives.
<b>Perseverant:</b> leadership is consistent and unwavering (yet appropriately responsive to changing circumstances).	Board and Executive leadership remain committed to PFS initiative, are willing to make mid-course corrections and maintain a time and resource commitment to the project.
<b>Inclusive:</b> Inviting the participation of as many stakeholders as reasonable in decision-making.	Board and Executive leadership obtain feedback from staff, participants and other community stakeholders in order to best lead the project during PFS planning and implementation.

## Endnotes

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